LAKESHORE MANOR 1320 WISCONSIN AVE

RACINE	53403	Phone: (262) 687-2241		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	50	Average Daily Census:	48

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	20.0
Supp. Home Care-Personal Care	No					1 - 4 Years	62.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	18.0
Day Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	4.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	18.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	66.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.0	95 & Over	10.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	20.0	65 & Over	98.0		
Transportation	No	Cerebrovascular	10.0			RNs	15.8
Referral Service	No	Diabetes	6.0	Gender	%	LPNs	1.4
Other Services	No	Respiratory	4.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	36.0	Male	20.0	Aides, & Orderlies	43.2
Mentally Ill	No			Female	80.0		
Provide Day Programming for			100.0	ĺ			
Developmentally Disabled	No	İ		İ	100.0	į	
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## Method of Reimbursement

		Medicare 'itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	L		
Level of Care	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	1	25.0	322	3	9.7	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	8.0
Skilled Care	3	75.0	282	28	90.3	127	0	0.0	0	15	100.0	188	0	0.0	0	0	0.0	0	46	92.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		31	100.0		0	0.0		15	100.0		0	0.0		0	0.0		50	100.0

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04									
Deaths During Reporting Period	 		 Total								
Percent Admissions from:		Activities of	8		% Needing sistance of	% Totally 1	Number of				
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents				
Private Home/With Home Health	0.0	Bathing	2.0		36.0	62.0	50				
Other Nursing Homes	13.3	Dressing	6.0		70.0	24.0	50				
Acute Care Hospitals	80.0	Transferring	16.0		60.0	24.0	50				
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.0		62.0	26.0	50				
Rehabilitation Hospitals	0.0	Eating	68.0		24.0	8.0	50				
Other Locations	0.0	*******	******	*****	******	******	******				
Total Number of Admissions	15	Continence		%	Special Treatme	ents	%				
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.0	Receiving Res	spiratory Care	4.0				
Private Home/No Home Health	6.7	Occ/Freq. Incontinen	t of Bladder	70.0	Receiving Tra	acheostomy Care	0.0				
Private Home/With Home Health	20.0	Occ/Freq. Incontinen	t of Bowel	44.0	Receiving Suc	ctioning	2.0				
Other Nursing Homes	0.0	į			Receiving Ost	comy Care	0.0				
Acute Care Hospitals	6.7	Mobility			Receiving Tub	-	2.0				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	chanically Altered Diets	32.0				
Rehabilitation Hospitals	0.0	į -			•	-					
Other Locations	0.0	Skin Care			Other Resident	Characteristics					
Deaths	66.7	With Pressure Sores		2.0	Have Advance	Directives	100.0				
Total Number of Discharges		With Rashes		18.0	Medications						
(Including Deaths)	15				Receiving Psy	choactive Drugs	82.0				

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

	This	Other	Hospital-	ž.	All
	Facility	Based Facilities		Fac	ilties
	%	왕	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	91.7	1.05	88.8	1.08
Current Residents from In-County	94.0	85.3	1.10	77.4	1.21
Admissions from In-County, Still Residing	66.7	14.1	4.74	19.4	3.44
Admissions/Average Daily Census	31.3	213.7	0.15	146.5	0.21
Discharges/Average Daily Census	31.3	214.9	0.15	148.0	0.21
Discharges To Private Residence/Average Daily Census	8.3	119.8	0.07	66.9	0.12
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	98.0	90.7	1.08	87.9	1.12
Title 19 (Medicaid) Funded Residents	62.0	66.8	0.93	66.1	0.94
Private Pay Funded Residents	30.0	22.6	1.33	20.6	1.46
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	16.0	32.7	0.49	33.6	0.48
General Medical Service Residents	36.0	22.0	1.63	21.1	1.71
Impaired ADL (Mean)*	54.4	49.1	1.11	49.4	1.10
Psychological Problems	82.0	53.5	1.53	57.7	1.42
Nursing Care Required (Mean)*	7.5	7.4	1.01	7.4	1.01